

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Best time to contact you at home is: _____:_____ AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed with us before?

☐ Yes ☐ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?

☐ Yes ☐ No

If Yes, state name, relationship and location _____

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work:

☐ Full Time (Please indicate 1 2 3 shift)

☐ Part Time (Please indicate Mornings Afternoon Evenings)

☐ Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ YES ___ NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

CRIMINAL BACKGROUND

This portion of the application will only be reviewed by members of the Personnel Department (or the person(s) in charge of employment) and anyone involved with interviewing the applicant.

Connecticut State Law provides authorization to conduct criminal background checks of all employees effective July 1, 1994.

NOTICE CONCERNING ERASED CRIMINAL RECORDS: In answering the following questions concerning criminal history, please disregard criminal charges or convictions that have been erased pursuant to Connecticut General Statutes §§46b-146, 54-76o, or 54-142a. Criminal records pertaining to the following are subject to such erasure: (a) a finding of delinquency or that a child was a member of a family with service needs, (b) an adjudication as a youthful offender, (c) a criminal charge that has been dismissed or nolle, (d) a criminal charge for which you have been found not guilty, and (e) a conviction for which you received an absolute pardon. **YOU ARE NOT REQUIRED TO DISCLOSE SUCH RECORDS IF THEY HAVE BEEN ERASED.** Any person whose criminal records are erased as described above shall be considered to have never been arrested and may so swear under oath.

Have you ever been convicted of or pleaded guilty or no contest to a violation of any State, Federal, County, or Municipal law? (*Do not include minor traffic violations*) ☐ Yes ☐ No

If yes, please give information regarding the nature of the charge, date and location of the conviction or adjudication of the charge and the final disposition of the case:

Has there ever been a disposition of criminal charges against you other than (a) a dismissal or acquittal or (b) an arrest, criminal charge or conviction for which the records have been erased? ☐ Yes ☐ No

If yes, please give information regarding the nature of the charge, date and location of the conviction or adjudication of the charge, and the final disposition of the case:

Are any criminal charges pending at this time? (*Do not include minor traffic violations*) ☐ Yes ☐ No

If yes, please give information regarding the nature of the charge and the present status of the case:

Are you currently enrolled in a program of deferred adjudication (e.g., accelerated rehabilitation, pre-trial drug or alcohol education, pursuant to Connecticut General Statutes §54-56g)? ☐ Yes ☐ No

If yes, please identify the jurisdiction in which such program is pending and give information regarding the nature of such program, the criminal charges against you and the present status of the case:

Have there ever been finding of "child abuse" or "neglect" against you, including but not limited to any such finding(s) by the Department of Children and Families or similar agency, either within or outside the State of Connecticut? ☐ Yes ☐ No

If yes, please identify the approximate date, location and the nature and/or basis of the finding, any criminal charges against you and the present status of the case:

Does your name appear in any Sex Offender Database or Registry, either within or outside the State of Connecticut? ☐ Yes ☐ No

If yes, please identify the jurisdiction/location of said Database or Registry, the basis for your inclusion in said Database or Registry (including the nature of the offense that led to your inclusion):

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of State and Federal law.

I understand that if I am employed by the Salem Board of Education I will be required to submit to a state and national criminal history records check for a period of 30 days from my date of employment and I will be required to submit to fingerprinting, at my expense, for purposes of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I further understand and agree that if I have been convicted of a crime that has not been disclosed as part of my application for employment, my employment will be subject to termination.

I hereby authorize any and all law enforcement agencies, current and former employers, credit agencies, academic institutions and any other persons or entities to supply any information regarding my background to the Salem School District and its agents and employees, and I hereby release all such former employers, law enforcement agencies, credit agencies, academic institutions, other persons or entities, and their agents and employees from any liability arising from the supplying and use of such information.

I declare under the penalties of false statement that I have read and understand the terms of this employment application and attest to the truth and accuracy of the information I have provided herein. I understand that false or misleading statements on this application shall be a basis for disqualification from further consideration for employment and, if I am employed, for dismissal from employment.

Applicant's Signature

Date